## R-1341A (1/02)

## State of Louisiana Department of Revenue

Job number	
Bond number	
Release date	

## **Contract Completion Form**

Contractor/Subcontractor name			
Mailing address			
City, State, ZIP			
Representative name		Telephone ( )	
Description and location of facility al	tered, renovated, or erected		
	Description (type of building, nar	me, etc.)	
	Location (street, city, and pa		
Beginning date	Ending da	ate	
Original estimated contract amount_			
Actual contract amount (if different fr	om Line 5)		
Amount awarded to subcontractors	Resident \$		
	Nonresident \$		· · · · · · · · · · · · · · · · · · ·
Please provide updated list of subco	ntractors. (See Form R-1130-	L, General Contractor/S	Subcontractor List.)
	Sales and Use Tax		
Construction materials cost (Do not inc	clude taxes paid.)		
Cost of materials purchased out of s	tate (Do not include taxes paid.)		
Tax paid to another state on 8a			
Equipment cost (Do not include taxes pai			State
Cost of equipment purchased out of			
Tax paid to another state on 9a			
Tax paid to another state on sa	Tax amount	Rate	State
Equipment rentals			
Tax paid to another state on 10	Tax amount	Rate	State
Total Louisiana tax (state and local)			Oldio
Total Louisiana state tax paid on con	nstruction materials, equipmen	ıt, rentals	
Total Louisiana local tax paid on con	struction materials, equipment,	rentals (total of city, parish,	police jury, school board, etc.
Amount of tax paid directly to the Sta	ate of Louisiana		
. ,		per	
Amount of tax paid directly to the loc			
Authority	Account number		Amount
Authority	Account number		Amount
Authority	Account number	<del></del>	Amount
Amount of tax paid to vendors			· · · · · · · · · · · · · · · · · · ·
State	Lacal		

## **State Income Tax Withholding**

17.	Gross payroll \$	Louisiana tax withheld \$		
	If no Louisiana tax withheld, please explain	n		
17a.	State income tax withheld			
	Period (beginning month/year through ending mon	nth/year)		
	Account number (10-digit number)			
	Corporation Incor	ne Franchise/Individual Income Tax		
18.	Corporation franchise tax account number	-		
18a.	. Estimated franchise taxable base			
18b.	Income tax account number (if corporation)			
18c.	Social Security Number (if individual)			
18d.	Account name			
18e.	Estimated tax payments			
18f.	Estimated net income from contract			
	Unem	ployment Insurance Tax		
19.	Louisiana unemployment insurance account number			
19a.	Federal Identification Number			
	ndersigned certifies that the above is a compl puisiana state and local taxes indicated, purs	ete and accurate statement of liabilities incurred and payments made fo uant to the contract identified above.		
	Authorized signature	Date		
	Notary public	Date		